

WHEN TO USE THIS FORM

1. When requesting lab tests on outpatients seen in the clinics.
2. In the event of a serious computer failure, an announcement will be made over the voice paging system authorizing use of this form to request lab tests on inpatients.
3. During Code Blue situations this form may be used in place of a MIS specimen transmittal.

HOW TO USE THIS FORM

1. Place an addressograph impression or MIS label on the lower left corner to identify the patient.
2. HLA instructions: When ordering HLA typing for potential transplant indicate if specimen is for recipient or donor. If donor, indicate relationship to recipient.
3. Mark the appropriate boxes to request panels or individual tests:
R = Routine
P = Priority (results within two hours of receipt by lab [four hours for drugs])
S = STAT (Emergency: results within one hour of receipt by lab)
4. Mark the box to indicate the type of specimen (for example: arterial blood, random urine, etc.)
5. Fill in the date, time, nursing unit or clinic, and physician's name and address to send report.
6. For STAT and Priority requests, the results will automatically print on the nursing unit or Outpatient Department (OPD) when ready.
7. Tests not listed in MIS require prior approval by Department of Laboratory Medicine (DLM) Staff.

TESTS INCLUDED IN PANELS

Whole Blood CBC: (6-4473)

hematocrit
hemoglobin
RBC indices
RBC count
WBC count
platelet count

Fingerstick CBC: (6-4473)

hemoglobin
WBC count
platelet count

Coagulation Panel: (2-2171)

prothrombin
partial thromboplastin time

Acute Care: (6-3386)

sodium
potassium
chloride
CO₂, total (bicarbonate)
creatinine
glucose
urea nitrogen

Mineral: (6-3386)

albumin
calcium
magnesium
phosphorous

Chem 20: (6-3386)

acute care panel
hepatic panel
mineral panel
LDH
uric acid
CK
total protein

Lipid: (6-3386)

total cholesterol
HDL cholesterol
LDL cholesterol
triglycerides

Hepatic: (6-3386)

alkaline phosphatase
ALT/GPT
AST/GOT
total bilirubin
direct bilirubin

Thyroid Screen: (6-3386)

TSH
Free T₄

Electrolyte: (6-3386)

sodium
potassium
chloride
CO₂, total (bicarbonate)

Viral Markers: (6-8842)

Protocol Screen: (6-8842)

HBsAg
anti-HCV
anti-HIV

Hepatitis Screen: (6-8842)

HBsAg
anti-HCV
anti-HAV IgM

Chronic Hepatitis B: (6-8842)

HBsAg
HBe
anti-HBe

TTV Transplant Screen: (6-8842) (Donor)

HBsAg
anti-HBc
anti-HCV
anti-HIV
anti-HTLV
HIV/HCV NAT

TTV Transplant Screen: (6-8842) (Recipient)

HBsAg
anti-HBc
anti-HCV
anti-HIV
anti-HTLV

Special Note: Immunofixation Electrophoresis (IFE) is only performed when the following information is supplied under comment:

Indications/Complaints/Provisional Diagnosis

THERAPEUTIC DRUG REQUESTS

The concentration of only one drug may be requested per sheet. The determination will only be performed when the following information is supplied on the opposite side of this sheet:

Dosage- The amount of drug given to the patient the last time it was administered.

Route - IV, IM, PO or other route must be indicated.

Time - The time of the last dose of the drug and the time the blood sample was obtained must be indicated.

24 HOUR URINE COLLECTIONS

24 Hour Urine collection containers must be labeled with the patient name, medical record number, preservative (if applicable), and all inclusive dates of collection.

PHONE NUMBERS FOR PROBLEMS/QUESTIONS:

Chemistry.....301-496-3386
Hematology.....301-496-4476
Coagulation.....301-496-2171
Special Hematology.....301-496-5720

Microbiology.....301-496-4433
Immunology.....301-496-8980
Phlebotomy.....301-496-5777
Transfusion Medicine.....301-496-4506

Blood drawing service provided by Phlebotomy Team in Outpatient Clinics from 7:00 a.m. to 4:15 p.m., Monday through Friday, no holidays, no weekends. General suggestions, complaints, call lab manager: 301-496-5668.